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SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X/CL/11 M. Agent Addressee B. Received by (Printed Name) C. Date of Delivery 2007
Article Addressed to: Output Dumma Suptama	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Crane Pumps Systems 420 Third Street Piqua, OH 45356	3. Senfice Type Certified Mail Registered Receipt for Merchandise Insured Mail C.O.D.
07-1064 SAC	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7003 311 (Transfer from service label)	0 0004 0799 1201
PS Form 3811, August 2001 Domestic Ref	turn Receipt 102595-02-M-1540